

APPLICATION FOR COLLECTION AND DISBURSEMENT OF DIRECT ORDERS OF RESTITUTION

SBOC-RR-0001 (New 7/98)

IF THE COURT HAS ORDERED A DEFENDANT/INMATE TO PAY YOU A "DIRECT ORDER OF RESTITUTION" FOR YOUR LOSSES, YOU MUST PROVIDE THE FOLLOWING INFORMATION TO AUTHORIZE THE CALIFORNIA DEPARTMENT OF CORRECTIONS (CDC) TO COLLECT THE RESTITUTION ON YOUR BEHALF. As described in Penal Code Section 2085.5, CDC will deduct 22 percent of all deposits to the inmate's trust account while incarcerated. Of this amount, 20 percent will be credited against the balance owed to you, and transferred to the State Board of Control for disbursement. The remaining 2 percent will be retained by CDC for administrative costs.

Pursuant to Penal Code Section 2085.5:

"If the restitution owed to a person who has filed an application with the Victims of Crime Program, the director shall transfer that amount to the State Board of Control for direct payments to the victim, or payment shall be made to the Restitution Fund to the extent that the victim has received assistance pursuant to that program."

If you have already received financial assistance from the State Board of Control, Victims of Crime Program Restitution Fund, this Fund will be reimbursed first, unless the restitution was for non-qualifying losses. After the Fund has been reimbursed, any excess money collected will be paid to you.

DIRECT ORDER OF RESTITUTION INFORMATION

(Please print legibly)

Name of person awarded restitution by the Court		Amount of Restitution Ordered
		\$
Address		
Home Phone ()	Work Phone ()	Date of Birth
Social Security Number	State Board of Control, Victims of Crime Program Claim No. (if any)	

INMATE INFORMATION

(Please print legibly)

Inmate Name		CDC No.
Crime Date	Offense (Crime code section if available)	
County of Commitment	Date Sentenced	Case Number(s)

By signing this application, I am authorizing the CDC to act as my agent to collect my court-ordered "Direct Order of Restitution" and forward those funds to the State Board of Control, Victims of Crime Program, for disbursement. NOTE: This does not apply to restitution fines.

Signature	Date
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See back of application for mailing.

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Return Address

**The Post
Office Will
Not Deliver
Without a
Stamp**

CONFIDENTIAL

California Department of Corrections
Office of Victims Services and Restitution Branch
P.O. Box 942883
Sacramento, CA 94283-0001
Attn: _____

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